SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 73 (check only one)
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NAME OF COMMITT			
Full Name (Last, First Dr. Mark Allen Hickman	•		Date of Receipt
Mailing Address 206 N Franklin St			0 9 2 1 2 0 1 0
City	State	Zip Code	Transaction ID: T40248
Delaware FEC ID number of confederal political committee		43015-1730	Amount of Each Receipt this Period 250.00
Name of Employer All Ages Family Medic	Name of Employer Occupation All Ages Family Medicine Doctor		A Contribution to the Federal PAC
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 250.00	
Full Name (Last, First Dr. Gayle Anne Galan	Middle Initial)		Date of Receipt
Mailing Address 1742 Rock Hill Ln			0 9 2 1 Y Y Y Y Y
City Akron	State OH	Zip Code 44313-8019	Transaction ID: T40244
FEC ID number of confederal political comm	ntributing	44313-0019	Amount of Each Receipt this Period 250.00
Name of Employer TeamHealth Midwest	ame of Employer Occupation eamHealth Midwest Doctor		A Contribution to the Federal PAC
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 250.00	
Full Name (Last, First Dr. Vincent F Jabour	Middle Initial)		Date of Receipt
Mailing Address 4 Delaware Xing			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: T40269
Wooster FEC ID number of corfederal political comm		44691-6904	Amount of Each Receipt this Period 500.00
Name of Employer Vincent Jabour MD	Name of Employer Occupation Vincent Jabour MD Doctor		A Contribution to the Federal PAC
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts	This Page (optional)		1000.00